## WHOLESALER'S MONTHLY REPORT OF "NONPARTICIPATING MANUFACTURER" CIGARETTES

WHOLESALE DISTRIBUTOR	PERSON COMPLETING REPORT	STATE LICENSE NO.	FOR CALENDAR MONTH/YEAR /200
E-MAIL ADDRESS	STREET ADDRESS	CITY, STATE	PHONE ( )

O.C.G.A. 10-13A-7 directs the Attorney General to collect information on the number of individual cigarettes sold in Georgia each year by "Nonparticipating Tobacco Manufacturers" (tobacco product manufacturers who did not join the Master Settlement Agreement signed on November 23, 1998). A complete list of MSA Participating Manufacturers can be found at the following web site: <a href="http://www.naag.org/issues/tobacco/index.php?sdpid=927">http://www.naag.org/issues/tobacco/index.php?sdpid=927</a>. If you stamp cigarettes from a manufacturer that is <a href="not on that list with a Georgia excise tax stamp">not on that list with a Georgia excise tax stamp</a>, then you must list them on this Form AG-01 and file it with the Attorney General within ten (10) days after the end of the month for which the report is filed. If you do not stamp any cigarettes during the month from "Nonparticipating Manufacturers", this report must be filed with "NONE" reported.

List each "Nonparticipating Manufacturer" and brand name once and state the total number of individual cigarettes stamped with a Georgia excise tax stamp during the month. If you receive these cigarettes from another wholesaler who has already affixed the Georgia excise tax stamp, do <u>not</u> list them on this report (the wholesaler who stamped these cigarettes should list them on their report).

Please mail original report to: Georgia Department of Law, Consumer Interest Section, 40 Capitol Square, SW, Atlanta, Georgia 30334 AND a copy of this report to: Georgia Department of Revenue, Alcohol & Tobacco Division, 1800 Century Blvd. NE, Room 4235, Atlanta, Georgia 30345

A copy of all invoices covering the receipt of the cigarettes by you and the sale of the cigarettes in Georgia must be attached to this report.

Nonparticipating Manufacturer's Name	Brand Name	Full Address	Country	Number of Individual Cigarettes	Ounces of Roll-Your- Own Tobacco
Ivaine				Cigarettes	Own Tobacco

ALL APPLICABLE INVOICES MUST BE ATTACHED OR YOUR REPORT WILL BE RETURNED.

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TO BE FILED BY THE 10<sup>TH</sup> OF EACH MONTH